

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38167

State File No.

FILED DEC 7 1950

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 210	
1. PLACE OF DEATH a. COUNTY St Chares				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren			
b. CITY (If outside corporate limits, write RURAL and give township) OR St Charles		c. LENGTH OF STAY (in this place) 1 Wk		c. CITY (If outside corporate limits, write RURAL and give township) OR Foristell		1090 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Emily		b. (Middle) Elizabeth		c. (Last) Pringle	
4. DATE OF DEATH		(Month) Nov		(Day) 27		(Year) 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 25 1869	
9. AGE (In years last birthday) 81		Months 8 Days 2		11. BIRTHPLACE (State or foreign country) Warren Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY In ownhome		13a. FATHER'S NAME William H Prichett		13b. MOTHER'S MAIDEN NAME Sarah Jane Lockett	
14. NAME OF HUSBAND OR WIFE Berkins Pringle		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME Annie & Margaret Pringle Foristell	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 11-200				INTERVAL BETWEEN ONSET AND DEATH unknown	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> None		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from Nov. 26, 1950 , to Nov. 27, 1950 , that I last saw the deceased alive on Nov. 27, 1950 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Don 2. Randall, M.D., U				23b. ADDRESS 207 N. 5th St. Charles Mo.		23c. DATE SIGNED Nov. 29, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 30 1950		24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery		24d. LOCATION (City, town, or county) (State) Wright City MO	
DATE REC'D BY LOCAL REG. 11/30/50		REGISTRAR'S SIGNATURE Francis H. Randall		25. FUNERAL DIRECTOR'S SIGNATURE Nieburg, Furn & Ind Co ADDRESS Wright City Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 25 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC -2 1950

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, *pt* by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer _____

Signed _____

Licensed Embalmer No. *3366*

P. O. Address *Wright City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.